Another first for Dr. Wendy Clay

Amy Chouinard

The voice at the other end of the telephone sounds strong, clear and confident, the voice of someone who is comfortable with authority, laughs easily and is not about to be deterred by unwritten rules that keep women from attempting, much less doing, things. What she says is reminiscent of Loni Anderson's reply when asked if she's going to get fat from eating a box of chocolates: "I don't like fat so it just leaves me alone." Says Dr. Wendy Clay: "I have not personally experienced discrimination based on gender."

That statement is all the more remarkable because Clay, who will soon be promoted to the rank of brigadier-general, has been in the military 24 years and will become commandant of the National Defence Medical Centre (NDMC) in Ottawa, Canada's main military hospital, on July 31.

She will be the first woman to take on that job and one of only three who has made it to such a high rank. At present, 8148 women serve in the Canadian Forces; there is currently one female brigadier-general, who will retire as Clay and another woman move into the forces' upper echelons, to join roughly 120 males of general rank. Clay will become one of three officers of general rank in the Canadian Forces Medical Service.

Even without having met her, it is easy to imagine Clay, 46, at the controls of a Tutor jet trainer — she was the first woman to train to wings standard on that plane. "The reason I received training was my interest and experience in aviation medicine", she says. "Some of my male colleagues have been given the opportunity to do the same thing to get a better understanding of the stresses [facing] air crews."

A few years earlier she had become the first woman to receive training as a Canadian Forces flight surgeon and subsequently became base surgeon at Canadian Forces Base Moose Jaw, Sask., where she completed basic flight training.

"At the time ... they weren't training women pilots to fly operationally as they are now", she recalls. "Subsequently, the government opened up various occupations." Those words offered an opportunity to ask the question I had been waiting for. What does she think of the recent move to place women in combat roles?

She pauses, but doesn't dodge the question. "I have to choose my words carefully. ... Let's just say I'm not aware of a large ground swell within the services for women to serve in the infantry in combat roles. For things like fighter aircraft, yes. Certainly there's no good reason that women can't fly any kind of aircraft.

"I'll put it this way: in the 24 years that I have been in the service, I have seen the opportunities for women expand radically. I was the first female doctor

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to join under the medical officers' subsidization plan postwar; the majority of women were administrative clerks, nurses, dietitians — standard roles for women.

"In the mid-1970s, about two-thirds of the opportunities available to men opened up for women. The military is a traditional organization and change comes slowly. In the air force, a number of nontraditional roles such as mechanic, air-traffic controller, fire fighter, air-weapons technician had just opened up and people were still adjusting when the extra push came to open up all occupations to women. I think [the push was greater] outside the service than from within."

Like Clay, Commander Michael Shannon, a physician with the surgeon general's office in Ottawa, feels the military has made great strides: "Of the 302 physicians who are in the military, 55 [18%] are women, but of the 100-plus students in medical training [under the medical officer training plan], 46% are women. The numbers reflect the larger movement of women generally into medicine, but also the change of attitude in the military. Now, all but a few combat positions are open to women."

Shannon, who is involved heavily with recruiting, says attitudes have changed towards women doctors, who must think not only of a medical career but of such issues as having children. "The military, in general, bends over backward to post husband-and-wife teams to the same spot; medical posting patterns are no exception. There are ample employment opportunities in our profession that are compatible with raising a family — we can accommodate almost anyone."

Shannon says the pay of military physicians has improved, as have other benefits such as continuing medical education and opportunities for postgraduate training. "When physicians want to take the first 5 years to raise their family, they are counselled on the kinds of postings to ask for and what to expect. That way, there are no surprises and everyone is satisfied.

"As for the opportunities, well, anyone who knows Wendy Clay knows what is possible. In all likelihood she will be surgeon general someday. She has blazed the trail — a very impressive lady."

That she is. Born in Fort St. John, BC, and raised on Vancouver Island, she attended the University of British Columbia and enrolled in the Royal Canadian Navy. Her career has taken her as far away as peacekeeping service in the Middle East. "The peace treaty between Egypt and Israel was signed while I was there", she recalls. "I had a small medical organization that provided care to the Canadian contingent. We also looked after an Australian detachment, but if we had to hospitalize anyone in the theatre area, we had to refer to the Polish hospital. The differences in language and customs required a bit of liaison."

That experience, along with stints as director of medical assessment and training, of preventive medicine and, most recently, as command surgeon at Air Command Headquarters in Winnipeg, will prove valuable when she begins running the military's major referral centre in Ottawa. Open since 1961, the NDMC has 244 active beds. Most of its patients are from the immediate area, but military referrals also arrive from throughout Canada and abroad.

Clay has no immediate plans for changes at the hospital, but cites two major concerns of the military: the shortage of specialists and the inability to provide bilingual medical service at some times. "From the personal point of view, I understand there are about 50 chronic care beds being used for veterans and I'll be interested in the quality of care that might be given there."

Also, she says, she will devote her attention to NDMC's role in training medical assistants and nurses: "Being the largest military hospital, it serves as a clinical site for most people providing care in the forces."■